

MISSOURI-ST. LOUIS REGIONAL BRAILLE CHALLENGE

St. Louis – February 11, 2016

Sponsored by Missouri School for the Blind

2016 PERMISSION FORM

Must be signed by parental/legal guardian and returned by <u>December 16, 2015</u> to MSB, Attn: Linda Havlik, 3815 Magnolia, St. Louis, MO 63110. Only contests submitted with a signed permission form attached will be eligible for the Braille Challenge® Finals at Braille Institute®.

Please print le	gal name clearly and	fill out completely					* Required fields
* Last Name			*	First Name			
* Address						Apt. No	
* City			* State	*	ZIP		
* Birthdate _		* Age	* Grade	* Telephone			
* E-mail				Alternate phone			
Adult attending with student				□ TVI	☐ Parent	□ Para	
T-Shirt Size	Youth:	☐ X-Small	☐ Small	☐ Medium	☐ Large		
	Adult:	☐ Small	☐ Medium	☐ Large	□ XL	□ XXL	☐ XXXL
Teacher's Em Regional Coo Mark one: Student Co (NOT Grade in	ordinator Name (if applic ontest Level: 1 School) e Level <u>Or</u>	cable) App Grades 1−2 Below Grade Level (BG	□ Fresh EBAE Grades 3–4 L) *(If Appre	☐ Fresh UEB ☐	Soph les 5–6 ted or \square Ui	JV Grades 7–9 ncontracted)	□ Varsity Grades 10–12
preliminary	contest. I understand th	at if my child qualifies, h hotograph, videotape, or	e or she is eligible to atte PHOTOGRAPHI otherwise record by visu	of America, Inc. ("BIA"), 1 end The Braille Challenge C RELEASE ual, audio, electronic or m	final contest in L	os Angeles on June 18 e visual likeness and/o	, 2016. r voice or other
display, pub	olication, solicitation or p on to the contestant, the	•	al material or on any wel	nd BIA may use or permit osite including without lin		•	